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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077045 (0)

S.G.B.G. ENTERPRISES, INC.

												41 1 111 1 1 11	
Principal Place of Business Mailing Address													
BO1 E. KENNEDY BLVD. BUITE 1700 TAMPA FL 33602				501 E. KENNEDY BLVD. Suite 1700 Tampa Fl 33602-4988									
									3. Date Incorporated or Qualified 10/20/1994		te of Last R 30/1996	leport	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		At	pplied For	
21				26 P.O. Box 1438					65-0532541		No	ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	П		Additional	
22				27					· · · · · · · · · · · · · · · · · · ·			equired	
City & State			-	City & State					6. Election Campaign Financing	г		May Be	
23 Zip		Country	28	Tampa, :	<u></u>	Countr			Trust Fund Contribution			to Fees	
'	601	25	29	•	3	_	y		8. This corporation has liability for Florida Statutes	intangible t		. 199.032,	
24 33		and Address of Currer		33601 stered Agent		<u> </u>		1	10. Name and Address of New Re				
VAS	H, DALE V					81				9			
	E. KENNE							Dale	W. Vash				
	IPA-FL-89					82	Street	Address 5:0 1	(P.O. Box Number is Not Accepta E. Kennedy Boule	ole) Pyard			
-		,,,				83	T						
. •						-		Suit	<u>e 1700</u>		TT. =:		
• •						84		Tamp	าล	FL	85 Zip i	Code 3602	
11. Pursuant	to the provis	ions of Sections 607.050	2 and 6	07.1508, Florid	a Statutes	the abov	e-named	corpora	ation submits this statement for the 's board of directors. I hereby acce				
office or re	egistered ag m familiar w	gent, or both, in the State ith, and accept the oblic	of Flori alions o	da. Such chang I. Section 607.0	ge was aut 0505, Florid	horized b da Statute	y the corp s.	poration	's board of directors. I hereby acce	pt the appo	inlment as	registered	
SIGNATURE				,			-						
SIGNATORE.	Signature types	or printed name of registered age	and and tillo	d applicable	(NOTE: F	tegistered Ag	ent signature	e required w	vhen reinstating)	DATE			
12.		OFFICERS AN	D DIREC			18.		,	ADDITIONS/CHANGES TO OFFI	CERS AND		· · · · · · · · · · · · · · · · · · ·	
TITLE	D			DEI	LETE	1.1 TITLE					Change	☐ Addilion	
NAME		OBERT J				1.2 NAME							
STREET ADDRESS		YSHORE DRIVE				1.3 STREE	I ADDRESS						
CITY-ST-ZIP		DAT KEY FL 34228			***	1.4 CITY -	ST-ZIP	ļ <u>.</u>			TYR a		
TITLE	D Octuber	HIADAN		☐ DEI	LEIE	2.1 TITLE		D.			Change	Addition	
NAME	GEHL, S					2.2 NAME		Ger	n l, Sharon 19 Gulf of Mexic	- 5		I	
STREET ADDRESS		YSHORE DRIVE Dat key fl 34228					1 ADDRESS					İ	
CITY-SI-ZIP	LONGO	JAI NEI FL 34220		DEL	FTF	2. 4 CITY - 3.1 TITLE	S1-ZIP	TOI	ngboat Key, FL	34228	Change	Addition	
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CITY-ST-ZIP						5.4 CITY -	S1-2(P					ľ	
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NAME						6.2 NAME	1						
STREET ADDRESS						G.3 STREE	1 ADDRESS	1					
CITY-ST-ZIP						6.4 CITY -	S1-7IP	1				[
									Section 119.07(3)(i), Florida Statute				
l am an oi	flicer or dire	ctor of the corporation or	the rec	eiver or trustee	empower	ed to exe	orate and oute this r	a mat my report as	/ signature shall have the same leg s required by Chapter 607, Florida	ai eirect as Statutes; an	ii made un id that my r	.der baih; 1hat name	
appears i	n Block 12 o	or Block 13 if changed, o	r on an .	attachment with	n an addre	SS.			1 /		•		